DOCUMENT RESUME

ED 337 185 IR 053 762

TITLE Health Information Access: A Report on the New York State Hospital Library Service Program.
INSTITUTION New York State Education Dept., Albany. Div. of Library Development.
PUB DATE 89
NOTE 40p.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Financial Support; Interlibrary Loans; Library Networks; *Library Services; Library Surveys; *Medical Libraries; *Program Evaluation; Research Libraries; State Programs
IDENTIFIERS *New York

ABSTRACT

A task force was appointed to insure that New York State's health information service programs were operating optimally. The task force was charged to review: (1) the effectiveness of the guidelines and assessment form as published in the "Manual for Assessing the Quality of Health Sciences Libraries in Hospitals"; (2) the present funding formula for the Hospital Library Service Program (HLSP); (3) the current program of coupon distribution and use of coupons for payment of interlibrary loan transactions; and (4) possible future directions of both the service program and the interlibrary loan support. Presented in this report are the task force's summary of recommendations, an overview of the HLSP and Regional Medical Library Program (RMLP)/New York State Interlibrary Loan (NYSILL) Interface Program, and the reviews and specific recommendations on the four task force charges. Appendices provide the survey instrument for reference and research library resources systems directors (October 1988); the guidelines for the distribution of RMLP library service coupons (December 1981); and the NYSILL/RML coupon allocation formula (revised January 1983). (MAB)

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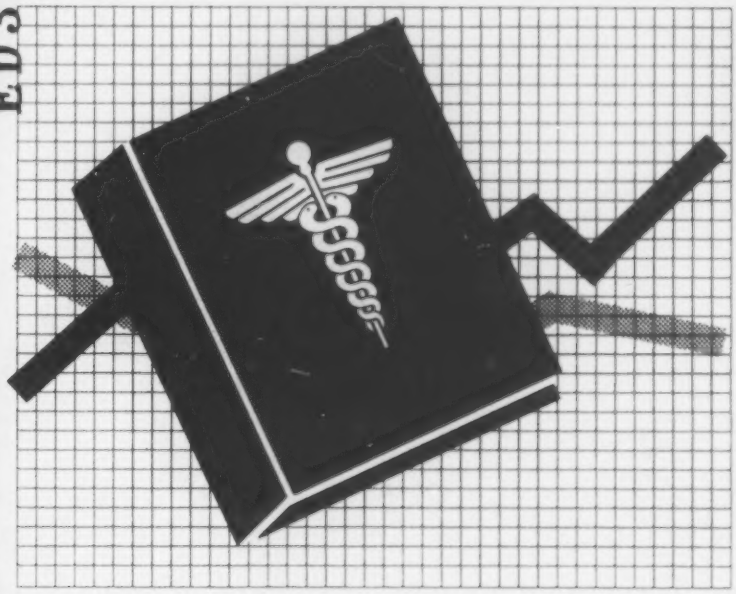

HEALTH INFORMATION ACCESS:

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New York State Hospital Library Service Program
by the
Hospital Library Service Program Task Force
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Division of Library Development,
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The University of the State of New York
The State Education Department
The New York State Library
Division of Library Development
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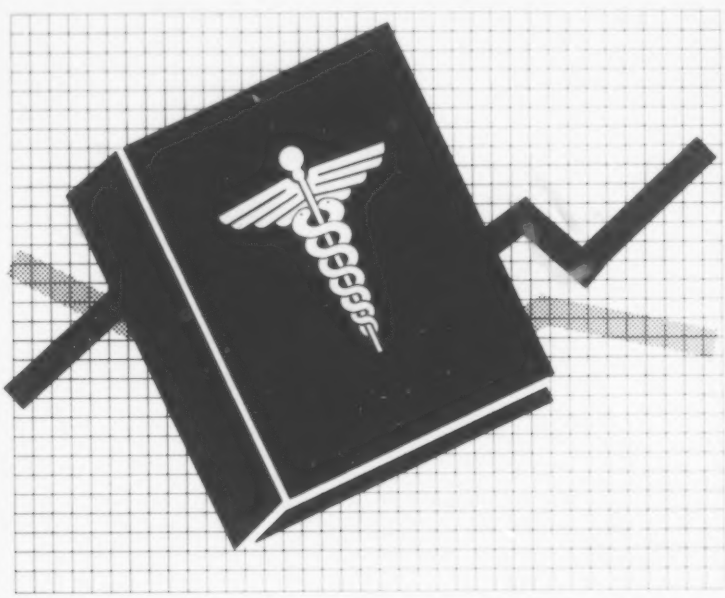

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Introduction

In 1981 the New York Legislature enacted landmark legislation in support of health information services in New York State. This legislation authorized the Board of Regents to establish standards for hospital libraries in New York State, provided funding to develop a closer interface between the Regional Medical Library Program (RMLP) and the New York State Interlibrary Loan (NYSILL) network, authorized allocations of funds to Reference and Research Library Resources Systems (RRLRS) to support services to rural hospital libraries, and funded two pilot projects in consumer health information in public library systems. The law was amended in 1984 to admit non-rural hospitals to the program, with an increase in funding to allow for this expansion. A further increase in funding was enacted in 1986.

With the publication of the *Manual for Assessing the Quality of Health Sciences Libraries in Hospitals* in 1983, the mandated Board of Regents standards were set in place. They were created by an advisory committee with assistance from consultants, resource persons, and New York State Library staff.

A coupon program was devised to establish the interface program with the (Federal) RMLP. The contract holder for Region 1 is the New York Academy of Medicine, with whom the New York State Library contracts annually for the issuance of coupons to the RRLRS. A small advisory committee worked with New York State Library staff to develop the guidelines for distribution of the coupons to the systems and the guidelines for distribution by the systems to eligible libraries.

Annual allocation of funds to RRLRS to establish services to hospital libraries became available to eight of the nine systems in 1982. Each system developed a plan of service that conformed to the regulations created for the Hospital Library Service Program (HLSP). In 1984, when the program was expanded to include non-rural hospitals, the ninth system, the New York Metropolitan Reference and Research Agency, Inc. (METRO), received a planning grant for the program. HLSP became operational there in 1986. Participation in HLSP has enabled hospital libraries to join the statewide and regional library networks and to partake fully in resource sharing and other services provided by the RRLRS.

Response to this legislation has been positive. Both the recipients of the health information and the providers of the services agree that the programs benefit the ultimate consumer, the New York State citizen in need of health care.

To insure that the health information service programs operate optimally, the State Education Department's Division of Library Development

(DLD) invited a group of knowledgeable persons to become members of a New York State Library Hospital Library Service Program Task Force. The charge given to the Task Force was to review:

- the effectiveness of the guidelines and assessment form as published in the *Manual for Assessing the Quality of Health Sciences Libraries in Hospitals;*
- the present funding formula for HLSP;
- the current program of coupon distribution and use of coupons; and
- possible future directions of both the service program and the interlibrary loan support.

The HLSP Task Force has held six full-day meetings in Albany since June 1988. During its deliberations, the Task Force researched specific aspects of the charge in individual members' geographic areas, obtained reactions to the programs via a survey of the directors of RRLRS (see Appendix A), drafted interim reports for internal use, and circulated the draft final report to directors and appropriate staff of RRLRS as well as to members of the HLSP advisory committees and a number of hospital librarians in each area. Members of the Task Force considered all of the research and comments before respectfully submitting the final report herewith.

Ursula H. Poland, Chair
Hospital Library Services Program Task Force

Abbreviations Used in This Report

DLD	Division of Library Development
HLSP	Hospital Library Service Program
JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
NYSILL	New York State Interlibrary Loan
RMLP	Regional Medical Library Program
RRLRS	Reference and Research Library Resources System(s)

Summary of Recommendations

After almost seven years of experience with the HLSP and NYSILL/RMLP interface program, much has been learned that can further enhance New York State's health information programs and also provide a field for study for those who wish to replicate the programs elsewhere. The Task Force members urge the continuation of the present programs.

The recommendations presented here are made in a summary format. To understand how each recommendation was developed, it is necessary to turn to the review sections that begin on page 7.

Manual for Assessing the Quality of Health Sciences Libraries in Hospitals:

M1 To maintain its usefulness, the *Manual* needs revision and updating as soon as possible and should be revised every five years thereafter.

M2 A working committee consisting of a subgroup from the HLSP Task Force should be convened immediately to revise and update the *Manual*. When the immediate revision has been completed, the standing advisory committee (see p. 16) should work with DLD staff to review and revise the *Manual* on a regular basis.

M3 Strong consideration should be given to creation of a section of the *Manual* similar in form and content to the assessment instrument used by the accrediting agency for hospitals: the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). This would ensure that the *Manual* covers the requirements for a hospital's accreditation and the requirements for continued participation in the HLSP.

M4 As part of the revision of the *Manual*, a minimal assessment score should be established to determine compliance with the guidelines; a library that falls consistently below the minimal assessment score may, upon the recommendation of the relevant RRLRS director, be dropped from the program. For reporting purposes, a three-year cycle for assessment scores should be established by DLD.

M5 A methodology should be developed to insure external impartial professional assessment of hospital libraries so that scores become comparable throughout the State.

M6 On completion of a hospital library assessment, the document should be signed by the hospital's chief executive or a member of the hospital's senior management staff to signify awareness of the strengths and deficiencies of the library and its compliance status within the HLSP.

The present funding formula for the Hospital Library Service Program:

F1 The current formula, based on a combination of square mileage, number of hospitals, and number of beds, should be continued.

F2 This formula-based program should receive regular increases when other library formula-based programs are increased.

The current program of coupon distribution and use of coupons:

C1 The New York State-supported coupon program to supplement access to health information should be continued. Until electronic accounting of interlibrary loan transactions can be maintained throughout the State, payment by coupons remains the simplest method for all involved in the program.

C2 The distribution of coupons should occur annually, based on the guidelines distributed to the RRLRS at the start of the program. Each system should submit its plan for the 1990 internal coupon distribution for State approval by late 1989, again in three years, and every five years thereafter.

C3 Reporting of coupon usage by RRLRS should occur on a regular basis, as determined by DLD. The reports should be made on a form specifically designed for that purpose by DLD.

C4 The allocation of coupons to each system after 1990 should be revised upon the recommendations of a working committee when it has reviewed and analyzed the following data:

- updated figures applying to the original distribution formula;
- coupon redemption statistics from the New York Academy of Medicine for 1988; and
- returns of a questionnaire to RRLRS assessing individual systems' coupon needs and actual use of coupons within each region.

C5 Increased funding should be sought to keep pace with the rising cost of RMLP coupons.

Possible future directions of both the Hospital Library Service Program and the Interlibrary Loan Support:

D1 The HLSP should be extended, with additional funds adequate to cover the necessary extension of services, to include other State health care facilities and unserved health practitioners.

D2 A statewide advisory committee for the HLSP and the RMLP/NYSILL interface service program should be created.

D3 A statewide forum for personnel actively involved in the operation of the HLSP should be held at least every other year.

D4 More staff support at DLD for the HLSP and RMLP/NYSILL interface service program should be sought.

D5 Publicity that explains the purpose and operation of the HLSP and the RMLP/NYSILL interface service program should be created.

D6 Educational packages should be developed as ongoing training tools for personnel involved in the HLSP and the RMLP/NYSILL interface service program.

D7 Output measures directly related to the HLSP services should be comparable across the State.

D8 A methodology should be developed for measuring the impact of the HLSP and the RMLP/NYSILL interface service program on the delivery of health care in New York State.

D9 Funding should be sought to support all of these recommendations.

Overview of the Hospital Library Service Program and Regional Medical Library Program/New York State Interlibrary Loan Interface Program

The Task Force members concluded that both programs are effective and that both deserve to be continued. In gathering opinions from persons throughout the State who are involved in the operation of both programs, and in examining surveys and statistical data pertaining to the programs, the Task Force found the programs to be generally satisfactory and fulfilling the purpose for which they were created.

As a result of the HLSP, library services were instituted in many hospitals where none existed before. The assessment scores that have become an integral part of the program prove that hospital library services have been improved and that hospital library collections have been strengthened. Most encouraging is the fact that in five regions there is 100% participation in the HLSP, 95% in two regions, 94% in one, and 84% in the region that joined the service program four years later than the others.

The other noticeable advantage of both programs is the active participation of hospital libraries in local, regional, statewide, and national cooperative networks for the sharing of informational resources. State support for this aspect assures the availability of needed health-related information everywhere in the State. The importance of the linkage between the NYSILL and RMLP networks is not to be underestimated. Access to the Federal network not only opens the collections and services of health sciences libraries throughout the U.S. and of the National Library of Medicine, but also makes available collections in other countries. A basic amount of funding for New York State libraries in need of health-related information that is unavailable locally, insures access to this wider, fee-based system.

The Task Force concluded that the flexibility for the operation of the programs should be maintained. Provided its plans conform to the Commissioner's Regulations, each RRLRS should continue to exercise its judgment in how to operate the HLSP in its particular region. Some systems manage the program from their own headquarters; others delegate this task to "provider" libraries. Some RRLRS operate with consultant librarians, others with circuit librarians, and some with a combination of both. In some RRLRS all participating hospital libraries have full membership status; in others they have associate membership status if they have not yet reached the system's membership requirements. There is a need to give all participants in the programs greater opportunities to share their acquired expertise, and to compare successes and failures. This will bring about continual improvement in the impact of the programs. This need is addressed among the recommendations that follow.

While the Task Force identified overall satisfaction with the programs, it also recognized the need for revision, updating, and ongoing monitoring and fine-tuning. These needs are discussed in more detail in this report, organized in the order of the components of the charge given to the Task Force.

Review and Recommendations

The effectiveness of the guidelines and assessment form as published in the *Manual for Assessing the Quality of Health Sciences Libraries in Hospitals*

REVIEW

The effectiveness of the guidelines and assessment form depends on two factors. One is the quality, format, and currency of the instrument itself — the *Manual*, as we shall refer to it in this section. The other is the official acceptance of the *Manual* by accrediting agencies and hospital administrators. The first factor has been addressed in specific recommendations that follow; the second factor raises concerns involving the jurisdiction of agencies that lie beyond the sphere of the DLD from which the Task Force accepted its charge. Nonetheless, the matter of officially accepted authority for the *Manual* is deemed of great importance by the Task Force and is therefore expanded upon.

The creation of the *Manual* was mandated by the change in the Education Laws of 1981. The guidelines it contains have become the yardstick by which the Education Department's DLD measures the HLSP. Thus, the guidelines and assessment form are an integral and mandated part of the program. In addition, the guidelines, which are compatible with the *Minimum Standards for Health Science Libraries in Hospitals* prepared by the Medical Library Association in 1984, have gained wide acceptance nationwide and in Canada as a self-assessment tool.[1]

However, hospitals are certified by the New York State Department of Health and they are accredited by the JCAHO. The Department of Health minimum standards for hospitals follow Federal regulations. Since a library is no longer mandated for hospitals in the Federal regulations, the Department of Health has dropped the requirement for libraries in hospitals in the revised relevant standards for New York State. JCAHO still requires that there be a library in hospitals. In the JCAHO's *Accreditation Manual for Hospitals*, two standards are mandated for professional library services. They differ in format from those used in the *Manual* but overlap in content.

The frustration for those who are managing the HLSP lies in the fact that, while the standards presented in the *Manual* are part of the Education Law of New York State, there is neither reward for compliance nor penalty for non-compliance insofar as individual hospital library practice is concerned. Until both the quantitative guidelines and the assessment form are viewed as prescriptive, the document has no enforceability. The change in

[1] As this report is being produced, the Task Force on Hospital Library Standards of the Canadian Health Libraries Association has published *Standards for Canadian Health Care Facility Libraries: Qualitative and Quantitative Guidelines for Assessment, 1989.*

Federal and State regulations described above makes clear that such a view is not likely to occur in the near future.

The revised regulations for hospitals rely heavily on "output measures," "health care outcomes," and "quality assurance" and follow a general national trend "away from prescriptive regulations." Information services will continue to be needed for patient care, credentialing, in-service training, and continuing education. Hospitals must find a way to provide these services and will find that the library is as essential as ever.

RECOMMENDATIONS

Revision of the *Manual* — Five years of experience in applying the *Manual* at hundreds of hospitals, as well as changes in the delivery of library services in hospitals, has led to the need for certain revisions. To make the *Manual* a more effective assessment tool, the following changes are recommended:

- **Clarification** — Some questions are too subjective to be applied uniformly by different assessors. Examples include: "Do the library's users...feel that the library's health information services are meeting their needs?" and "Is the collection authoritative?" Questions of this sort need to be rephrased in a more objective and quantifiable fashion, with each question representing a single concept. A number of questions are duplicated in different sections of the assessment because of duplication in the guidelines, and such duplication should be eliminated. An expansion of Appendix III, "Glossary," would be helpful.

- **Categories of Libraries** — Users report difficulty determining the category in which their library belongs. There is also a need for additional categories at the upper and lower ends of the scale, as well as provision for multi-hospital systems. Libraries serving university hospitals and those served by circuit librarians seem to experience particular difficulties. The categories should be examined in comparison with Medical Library Association (MLA) categories and other available sources. Also questioned is the appropriateness of certain of the requirements in some categories: Does a category "A" hospital need to have only 250 subscriptions and 2000 books? Should we expect category "E" hospitals to subscribe to 25 journals?

- **Scoring** — Two categories, Services and Staff, together worth 48 points, carry too much weight, although they are unquestionably of high priority. Physical Environment and Budget, together worth 10 points, deserve additional importance. The latter two sections should also be expanded to allow for the more detailed assessment of how well the library is performing these functions. Some reviewers were uncomfortable with the entire concept of scoring, preferring the compliance/non-compliance approach or the JCAHO style of scoring on a scale of 1 to 5, but this group was in the minority.

  Validity of the assessment is deemed important. Even when the questions have been re-phrased in a more objective fashion, assessment of hospital libraries by an external impartial professional will help to eliminate some of the variation in scoring between similar facilities. The method selected should ensure that scores throughout the State will be comparable. Creation of a uniform education package for training a minimum number of individuals to apply

the scoring across the State is a possible mechanism. As part of the assessment a minimal score should be established to determine compliance with the guidelines.

- **Broadening the Criteria to Include Additional Services** — In the five years since publication, the field of hospital librarianship has been altered by changes in technology and the delivery of health care. These changes need to be reflected in the *Manual*. Services that need to be addressed include, but are not necessarily limited to:

  - **Automation** — The availability of telecommunication equipment, microcomputers, CD-ROM, telefacsimile, computer-assisted instruction, computer search services, DOCLINE, OCLC, etc. needs to be integrated into the document.

  - **Quality Assurance** — At present, quality assurance is one question worth .5 points. In view of its importance in today's hospital, the section needs to be expanded and clearly defined; specific quality assurance techniques linked to output measures relating to health sciences libraries in hospitals should be enumerated.

  - **Conservation/Preservation/Archives** — Particularly in large hospitals, the issue of conservation of general library materials as well as the preservation of rare materials and the management of institutional archives should be part of the evaluation.

  - **Other** — A number of activities currently not mentioned in the *Manual* reflect on the quality of library services. For example, criteria such as publications, patient information services, management information services, and number of hours staffed demonstrate strengths and weaknesses in library services.

On completion of a hospital library assessment the document should be signed by the chief executive or a member of the hospital's senior management staff. At the same time the most recent comparative data available on hospital library assessment scores should be made available to heighten awareness of the program among senior hospital management staff.

IN SUMMARY:

M1 To maintain its usefulness, the *Manual* needs revision and updating as soon as possible and should be revised every five years thereafter.

M2 A working committee consisting of a subgroup from the HLSP Task Force should be convened immediately to revise and update the *Manual*. When the immediate revision has been completed, the standing advisory committee (see p. 16) should work with DLD staff to review and revise the *Manual* on a regular basis.

M3 Strong consideration should be given to creation of a section of the *Manual* similar in form and content to the assessment instrument used by the accrediting agency for hospitals: the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). This would ensure that the *Manual* covers the requirements for a hospital's accreditation and the requirements for continued participation in the HLSP.

M4 As part of the revision of the *Manual*, a minimal assessment score should be established to determine compliance with the guidelines; a library that falls consistently below the minimal assessment score may, upon the recommendation of the relevant RRLRS director, be dropped from the program. For reporting purposes, a three-year cycle for assessment scores should be established by DLD.

M5 A methodology should be developed to insure external impartial professional assessment of hospital libraries so that scores become comparable throughout the State.

M6 On completion of a hospital library assessment, the document should be signed by the hospital's chief executive or a member of the hospital's senior management staff to signify awareness of the strengths and deficiencies of the library and its compliance status within the HLSP.

The present funding formula for the Hospital Library Service Program

REVIEW

While Task Force members recognize that the current formula has weaknesses, they do not believe that any other formula will provide a more equitable distribution of funds. They considered using such factors as case-mix index, the number of certified specialty services, the number of staff, or the number of educational programs. Using these factors would change the ultimate outcome of the funding very little and be much more difficult to substantiate. The level of services provided (by circuit librarian or consultant) also proved to be an unacceptable formula factor because costs vary from region to region. The Task Force also considered using the number of hospitals as the only funding factor. This would provide a larger share of the funding to regions with small hospitals and presumably address the greater need of the struggling small hospital. The relatively small impact on actual funding and the lack of any real evidence that the current formula is inequitable convinced the members of the Task Force that there was no real need to make such a change.

There is, however, a need for increased funding for the program to keep pace with the rising costs of providing health information services. As other formula-based library programs receive increases, the HLSP should receive similar increases.

RECOMMENDATIONS

F1 The current formula, based on a combination of square mileage, number of hospitals, and number of beds, should be continued.

F2 This formula-based program should receive regular increases when other library formula-based programs are increased.

The current program of coupon distribution and use of coupons

REVIEW

The Task Force concurred that this program is complex to administer since it has to dovetail with three different fiscal cycles, those of the RMLP, the New York State Library, and the RRLRS.

This complexity could be alleviated through the adoption of electronic recordkeeping. Tracking interlibrary loan transactions by electronic means would eliminate the need to issue, distribute, and collect coupons for the State-supported linkage between NYSILL and the RMLP. With electronic bookkeeping, borrowing libraries could be informed when they have exhausted their quota of State-supported interlibrary loans, and supplier libraries could be compensated for the loans and referrals they provided that were eligible for State support. The development of any electronic recordkeeping should take into consideration a linkage with the National Library of Medicine's interlibrary loan system. The State-provided coupons have consistently supported approximately one half of the requests obtained through the RMLP network by New York State libraries.

Until such electronic monitoring becomes a reality, the use of coupons was deemed to remain the best means of operating the program, because it requires the least amount of accounting and paperwork for all involved agencies. The State-provided coupons support a portion of the total interlibrary loan activities for health sciences libraries (as was the original intent of the legislation), and libraries are able to purchase RML coupons for their additional needs or use other networks which may not be fee-based.

While many program participants in the field wished for stronger direction and stricter rules both for the distribution of coupons and for their use, the Task Force, after examining the original documents, concluded that the guidelines for distribution of coupons within systems remain valid (see Appendix B). Problems may have arisen where the original guidelines for the distribution of coupons were no longer strictly followed because of constant turnover of staff at all levels. It was also found that the methodology of distribution of coupons has affected their use. Underuse is perceived to occur in those regions where coupons are totally distributed to potential user libraries, whereas in regions where all or a portion of the coupons are centrally held, coupons are generally used up and a need for more coupons is perceived. Nonetheless, just as RRLRS have the prerogative to plan their service programs, they should be permitted to use a plan of coupon distribution that fits their total operations. It is strongly urged that each RRLRS reexamine its present distribution policy.

The coupon allocation formula used by DLD for distribution to the nine systems has remained the same since its revision (see Appendix C) after the first year of the program. It needs to be re-examined and revised.

RECOMMENDATIONS

- The purpose of the RML coupon program should be reaffirmed through regular publication and circulation of the original guidelines which outline that its purpose is to "improve access to health information in New York State" and its intent is to subsidize the cost of this access. A statement should be added indicating that the funding available for the program is not intended to underwrite the entire cost of health information sharing in the State.

- The identity of institutions eligible to receive coupons under this program is clearly spelled out in the original guidelines. What is most needed is broader dissemination of this information to the distributors of the coupons and to the beneficiaries of the program. Because RRLRS operate differently and vary in their ability to provide health science information to their individual members, distribution policies within each region should remain the prerogative of the individual system, provided they are formulated according to the State's guidelines.
- The purposes for which State-provided coupons can be used are defined in the guidelines: "to obtain interlibrary loan services from sub-contracting libraries in the Regional Medical Library Program" and "to improve access to health information throughout the State." Again, what is needed is broader circulation of the guidelines with an additional statement which makes it clear that State-provided coupons should generally be used for interlibrary loans, to include books, journals, audiovisuals, and/or computer searches. The exceptions are that coupons may also be used in the RML referral process, and a subscription to the Union Catalog of Medical Periodicals (UCMP) or similar location tool may be purchased with coupons, as it provides a means of access.
- Coupons should be distributed on an annual basis. To assure that distribution plans conform with the guidelines, each RRLRS should submit its plan for the 1990 internal coupon distribution for State approval by late 1989, again in three years, and every five years thereafter.
- The distribution and use of coupons should be reported to DLD at regular intervals by RRLRS. A uniform reporting form should be developed for collecting these data so that statistics can be collated, analyzed, and reported back to the regions.
- The allocation of coupons to each system should be revised by taking the following steps:
  - The allocation for 1990 should be based on updated figures for the original formula.
  - The allocation of future distributions should be based on a new formula to be recommended by a working committee when it has reviewed and analyzed the following data:
    - the updated figures applying the original 1, 2, 3, formula for distribution;
    - coupon redemption statistics from the New York Academy of Medicine for 1988; and
    - returns of a questionnaire to RRLRS assessing individual systems' coupon needs and actual use of coupons within each region.
- Increased funding should be sought for the coupon program in order that access to health information not be diminished.

IN SUMMARY:

C1 The New York State-supported coupon program to supplement access to health information should be continued. Until electronic accounting of interlibrary loan transactions can be maintained throughout the State, payment by coupons remains the simplest method for all involved in the program.

C2 The distribution of coupons should occur annually, based on the guidelines distributed to the RRLRS at the start of the program. Each system should submit its plan for the 1990 internal coupon distribution for State approval by late 1989, again in three years, and every five years thereafter.

C3 Reporting of coupon usage by RRLRS should occur on a regular basis, as determined by DLD. The reports should be made on a form specifically designed for that purpose by DLD.

C4 The allocation of coupons to each system after 1990 should be revised upon the recommendations of a working committee when it has reviewed and analyzed the following data:

- updated figures applying to the original distribution formula;
- coupon redemption statistics from the New York Academy of Medicine for 1988; and
- returns of a questionnaire to RRLRS assessing individual systems' coupon needs and actual use of coupons within each region.

C5 Increased funding should be sought to keep pace with the rising cost of RMLP coupons.

Possible future directions of both the Hospital Library Service Program and the Interlibrary Loan Support

REVIEW

As stated earlier, Task Force members urge continuation of the present programs, as well as expansion of the HLSP to a wider range of health care facilities whose need for information services is just as critical as that of those already in the program. This could be done on an incremental basis, beginning with mental health and mental retardation facilities and later extending the program to other health care providers, especially those who are already participating in sharing of information resources. Such an expansion would have to be accompanied by a concomitant expansion in funding.

In addition, a recommendation is made for the constitution of an ongoing advisory committee, so that a major review of the programs need not be mounted again. To encourage wider interaction among program participants throughout the State, a statewide forum to be held at regular intervals is proposed. Because DLD's resources are already severely strained in administering the current programs, the Task Force sees a need to press for more staff support for the Division. More publicity about the program should be provided for legislators and citizens of New York State, as well as for libraries eligible but not participating in the program. The creation of educational packages to aid training of staff and the institution of an evaluation program that can be applied across the State are also recommended. For instance, it would be useful to compare and evaluate the services and costs for circuit librarian-based programs and consultant-based programs and to find out how many visits consultants should minimally make to hospitals where no professional library staff exists. As a final recommendation it is urged that funding be sought to study the impact of the health information programs on the delivery of health care in New York State and to find ways that demonstrate the worth of information services in hospitals to hospital senior management.

Before detailing each of the recommendations in this section, members of this Task Force acknowledge that much credit for the success of the programs should be given to the staffs of the RRLRS and health information professionals in each region who implement the services. Equal recognition should be given to the staff of the Division of Library Development and The New York State Library. The State Librarian, the Director of the New York State Library, or the Director of DLD has been a member of the original Region II, now Region 1, RMLP Advisory Committee since its beginning in 1970. The programs enacted in 1981 have received active attention and guidance from these individuals and their staffs. They translated the legislation, with assistance from advisory committees, into Commissioner's regulations and guidelines for operation. Members of DLD continue to guide, coordinate, and monitor the programs effectively.

It must be noted that when the health information components were included in the Laws of 1981 and expanded in 1984, funding for the ongoing administration of these programs was not provided to DLD. Thus, DLD has had to absorb the programs without additional staff. This is one reason why the Task Force recommends more staff support in DLD.

RECOMMENDATIONS

- **The extension of HLSP to other health care facilities in the State,** with additional funds adequate to cover the necessary extension of services, to begin with the centers administered by the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities. The role of the HLSP in State-supported health care facilities needs to be greater. This can be achieved through a cooperative effort between NYSL and the involved agencies, one based on the precept that the agencies adopt NYSL minimal standards for health sciences libraries. Such an expansion would insure that the professional and support staffs of all such institutions would have full access to information needed for client care, and it would result in increased resource sharing and other cooperative efforts. Centers without libraries would establish them and become members of library systems. Centers with existing libraries would become system members, and libraries with well-established collections could obtain support for activities which involve service to other libraries. An additional group of institutions to be brought under the HLSP is the State's skilled nursing facilities, whose information needs are currently unmet.

  It should be noted that there are many health practitioners—dentists, pharmacists, therapists, visiting nurses, and others—whose information needs could be met if they could be linked to the services of a hospital library. In some communities, the hospital library could be the logical information center for provision of health-related information to the public.

- The establishment of a statewide **advisory committee** with the following charge: to act as a sounding board for problems; to provide ongoing advice for updating the programs; to provide a communication link between DLD, RMLP, RRLRS, and hospital library staff; to maintain awareness of regulations affecting libraries in health care institutions. To meet at least once a year and, between meetings, conduct ongoing deliberations via teleconferences, electronic mail, and telefacsimile. Composition of the committee: DLD staff member, RML director, an RRLRS director or HLSP coordinator, a provider-library director, two hospital librarian-managers, a hospital librarian-consultant, a circuit librarian, a senior hospital manager, and a consumer of HLSP services, with committee members to serve three years with staggered initial terms so that one third of membership changes annually. Members should be chosen to achieve maximum geographic representation.

  The advisory committee is distinct from the two small working committees to be established to work on: (1) revision of the *Manual* and (2) a plan for distribution of coupons to systems. For these working committees, subgroups from this HLSP Task Force should be recruited to work with DLD staff.

- Opportunity for a **statewide forum** for personnel actively involved in the operation of the HLSP and members of HLSP regional advisory committees. A one- or two-day meeting should be held at least every other year at a central location in the State where programs and expertise can be shared, formally and informally. Coordination of the forum should be provided by DLD staff with sponsorship by RRLRS on a rotational basis. Some support for the

annual forum should come from HLSP funds and the remainder from the participants' institutions.

- The provision of **more staff support at DLD** for the HLSP and RMLP/NYSILL interface service program. This will ensure that data collected annually from the RRLRS and the RMLP can be compiled, analyzed, and reported on to RRLRS directors, senior hospital management staff, and others involved in administering the programs. Such reports will assist the statewide advisory committee and the HLSP advisory committees in each region and will provide the basis for forum discussions. Additional staff support is needed for working with the two working committees charged to implement the major recommendations of this report, to develop publicity, education, evaluation, and research programs as recommended below.

- The development of **publicity** for the HLSP and the RMLP/NYSILL interface service program. Publicity which articulates the purpose of the programs should be provided in a brochure that is applicable throughout the State, listing RRLRS addresses and telephone numbers for obtaining more specific information for particular regions. Each system should be encouraged to augment the statewide publicity with publicity for the specific programs in its region. This will provide visibility for the programs for the sponsoring agencies and acquaint legislators and New York State citizens with the benefits derived from the programs.

- The development of **educational packages** such as manuals, slide/tape programs, and videotapes for personnel involved with administering the programs at all levels. This is necessary because of the turnover of staff at RRLRS, provider libraries, and hospital libraries. Such packages could be developed by RRLRS for the benefit of all regions of the State, under the coordination of DLD with input from the advisory committee.

- The development of an **evaluation program** for output measures of the health information programs that can be applied across the State. As recommendations on output measures and evaluations of library programs are implemented as a result of the 1989 systems study carried out by King Research, Inc., it is recommended that they be applied to the HLSP and the RMLP/NYSILL interface service program.

- The development of a methodology for **measuring the impact of the HLSP on the delivery of health care in New York State**. Evidence that the programs impact positively on the quality of health care are anecdotal at present. Better measurements involving the ultimate users of the information must be devised, tested, and applied.

- The provision of **increased funding** for the extension and improvement of the program as recommended in this section.

IN SUMMARY:

D1 The HLSP should be extended, with additional funds adequate to cover the necessary extension of services, to include other State health care facilities and unserved health practitioners.

D2 A statewide advisory committee for the HLSP and the RMLP/NYSILL interface service program should be created.

D3 A statewide forum for personnel actively involved in the operation of the HLSP should be held at least every other year.

D4 More staff support at DLD for the HLSP and RMLP/NYSILL interface service program should be sought.

D5 Publicity that explains the purpose and operation of the HLSP and the RMLP/NYSILL interface service program should be created.

D6 Educational packages should be developed as ongoing training tools for personnel involved in HLSP and the RMLP/NYSILL interface service program.

D7 Output measures directly related to the HLSP services should be comparable across the State.

D8 A methodology should be developed for measuring the impact of the HLSP and the RMLP/NYSILL interface service program on the delivery of health care in New York.

D9 Funding should be sought to support all of these recommendations.

Appendix A

Survey of Reference and Research Library Resources Systems Directors

October 1988

Hospital Library Service Program (HLSP)
NYSILL/RML Coupon Program

Section A: General Questions Pertaining to the Hospital Library Service Program (HLSP)

1. In your opinion, are the enabling legislation and the current regulations written in a manner that allows for effective HLSP program operation at the regional level? ☐ Yes ☐ No

   If NO, please explain:

2. In your opinion, is the funding formula for the HLSP appropriate for effective program operation? ☐ Yes ☐ No

   If NO, please explain:

3. Describe the standards or criteria used to admit hospitals to the HLSP:
   (If you have a written policy, please attach a copy)

4. Do HLSP hospitals become full voting members of the Reference and Research Library Resources system? ☐ Yes ☐ No

If NO, please explain; (include any differences in privileges and services provided)

5. What differences, if any, has the addition of hospital libraries made in the governance of your system? (please describe):

6. Are your HLSP services provided by a "provider" library? ☐ Yes ☐ No

If YES, indicate the number of provider libraries: ☐

7. Indicate the number of eligible hospitals in your region that are in the HLSP program: ☐

8. Indicate the number of hospitals in your region that are eligible but ARE NOT in the HLSP program: ☐

9. Indicate the number of hospitals in the program that are served by consultants: ☐

(Consultant is defined as a professional librarian who makes infrequent or non-regular visits to advise and guide the person responsible for the library)

10. Indicate the average number of visits per hospital made by the consultant in a year: ☐

11. Indicate the number of hospitals in the program that are served by circuit librarians: ..... ☐

(Circuit librarian is defined as a professional librarian who makes regular visits to provide enhanced library services and to advise and guide the person responsible for the library)

12. Indicate the average number of visits per hospital made by the circuit librarian in a year: ..... ☐

13. Provide comments on the positive effects of the HLSP on hospital library budgets:

(Include in your comments, any budgetary requirements the system requires of participating hospitals, e.g., matching funds, fee for circuit services, etc.)

14. Has your system ever conducted an evaluation of the HLSP? ..... ☐ Yes ☐ No

If YES, describe the outcome:

Section B: Usefulness of the Manual for Assessing the Quality of Health Science Libraries in Hospitals

1. Describe all uses made of the Manual and Assessment Form in your region with specific detail on evaluation and the annual assessment. Include descriptions of personnel typically involved in evaluations, i.e., hospital library managers, consultant/circuit librarians etc. and those who score the annual assessment. Describe any other purposes for which they are used:

2. Explain to what extent the supervisors of librarians or library managers in your region are made aware of the periodic assessment of the library and the assessment form used:

3. Indicate those who received results of the assessments: (Check all that apply)

Chief Hospital Administrator ☐ Other (Specify_____

Person to Whom Librarian or Library Manager Reports ☐ _____) ☐

4. Rate the level of difficulty of the assessment form: (check one only)

☐ Easy to use ☐ Somewhat difficult ☐ Very difficult

5. The balance of the assessment point system, as it is divided among services, staff, physical environment, etc is.:

☐ Well-balanced ☐ Fairly well balanced ☐ Not well balanced

6. Do you have specific recommendations on how the assessment form should be used or administered (e.g., frequency of use)? ☐ Yes ☐ No

If YES, describe:

7. Do you have specific recommendations for changes within the Manual and the assessment form? ☐ Yes ☐ No

If YES, describe:

8. Are any other assessment forms or self-evaluation instruments used by hospital libraries in your region? ☐ Yes ☐ No

If YES, describe briefly and attach a copy to your completed survey:

Section C: Questions Related to the NYSILL/RML Coupon Program

1. Indicate how the coupons are distributed in your region. (Check all that apply):

   Directly by the system to individual libraries in a predetermined number ☐

   Libraries request coupons from the system as needed ☐

   System or contract library forwards ILL requests, providing coupon from pool of coupons ☐

   Other procedure (specify): _____ ☐

2. Indicate who holds the coupons:

   The Council ☐ Other Organization

   Provider Libraries ☐ (Specify_____) ☐

3. Describe the basis (formula) on which the coupons are distributed in your region:

4. Describe the methods for publicizing the coupon program: (attach any publicity materials that are available)

5. Describe any difficulties encountered in administration of the program:

6. In your opinion, is the formula for distribution of coupons appropriate for program operation? ☐ Yes ☐ No

If NO, please explain:

7. In your opinion, is the coupon program operating effectively? ☐ Yes ☐ No

If NO, please explain:

8. In your opinion, should the coupon program continue as it is currently configured?..... ☐ Yes ☐ No

If NO, describe any specific recommendations for changes:

9. In your opinion, should medical interlibrary loans be supported in another manner?..... ☐ Yes ☐ No

If YES, please explain:

10. Has your system ever conducted an evaluation of the coupon program? ☐ Yes ☐ No

If YES, summarize the results:

Section D: Supplementary Information:

Please provide any additional information or further comments which might be helpful to the work of the task force:

Person Completing This Form: _____

Region: _____

Telephone: _____
(Area Code) (Number)

Please return the completed survey by November 18, 1988 to:

Sara McCain
Division of Library Development
New York State Library
New York State Education Department
Cultural Education Center
Albany, New York 12230

Appendix B

Guidelines for Distribution of Regional Medical Library Program Library Service Coupons

December 1981

PURPOSE

Under Chapter 718 *(Laws of 1981)* the New York State Library has entered into a contract with the New York Academy of Medicine to purchase Library Service Coupons for use by the Reference and Research Library Resources Systems. These coupons may be used to obtain interlibrary loan services from subcontracting libraries in the Regional Medical Library Program (RML). Coupons will be allocated by the State Library among the reference and research library systems in proportion to the prior interlibrary loan use in each region.

The purpose of this program is to improve access to health information in New York State, make the resources of the RML network directly accessible by libraries in the reference and research library regions, encourage the full use of local and regional health information resources before accessing other resources in the RML and NYSILL networks, and facilitate referrals to the most appropriate locations in both networks.

HEALTH AREA LIBRARIES

There are 9 Health Area Libraries with geographic responsibilities in the RML network:

Health Sciences Library, SUNY at Buffalo

Edward G. Miner Library, University of Rochester College of Medicine and Denistry

Medical Library, Upstate Medical Center

Schaffer Library of Health Sciences, Albany Medical College

Medical Library Center of New York

Medical Research Library of Brooklyn

New York Academy of Medicine

Westchester Medical Center Library, New York Medical College

Health Sciences Library, SUNY at Stony Brook

Each of these will serve one or more reference and research library regions (METRO will be served by four Health Area Libraries). The service boundaries of these libraries have been rearranged to conform to the boundaries of the reference and research library systems.

As a Health Area Library, the Medical Library Center of New York serves its members under reciprocal arrangements with RML. Eight MLC libraries, known as participating libraries, participate in the RML network as additional resource libraries. The American Journal of Nursing also serves as a resource library in the RML network.

RESPONSIBILITIES OF HEALTH AREA LIBRARIES

The Health Area Libraries will receive health information requests and will attempt to fill these from their own collection or make appropriate referrals to other libraries. These requests should be of a serious nature: related to patient care, or to research in medicine or related fields. Each request must be accompanied by a Library Service Coupon (except as indicated below), which will be kept if the request is filled or returned if the request is referred. Health Area Libraries may refer requests to the New York State Library or elsewhere in the RML network. If referred in the RML network, the requesting library will be billed when the request is filled. This bill may be paid with Library Service Coupons. During State fiscal year 1981/82, Health Area Libraries will be reimbursed from Federal funds for referrals available under the RML program.

Discussions are presently underway to establish an automated RML/NYSILL interface as a sub-system of the existing NYSILL communications system, to facilitate appropriate referrals. If implemented, this interface will begin during the 1982/83 budget year. As an interim step, copies of State Library microfiche catalogs will be placed in each Health Area Library.

LIBRARY SERVICE COUPONS

Coupons will be similar in appearance to those now in use in the RML, but will be of a distinctive color to indicate that they are State-funded coupons. They may be used in the same way as other RML coupons. Coupons may not be resold, but may be exchanged under local consortia arrangements to facilitate interlibrary loan. Only Health Area Libraries may redeem coupons for payment.

ROLE OF REFERENCE AND RESEARCH LIBRARY SYSTEMS

Each Reference and Research Library Resources System will be responsible for developing its coupon distribution plan in close consultation with the appropriate Health Area Libraries and with users. Plans should take into consideration the needs of the individual institutions in the area for health information, library system and RML interloan protocols, and any health service consortia already operating in the region. Reference and Research Library Resources Systems will be required to submit to the State Library, for review and approval, a description of this coupon distribution plan by December 31, 1981. This description should indicate the process by which the plan was developed, the method of consultation with the Health Area Library and users, the principles on which distribution will be based, and a list of recipient institutions and the number of coupons to be distributed to each.

Coupon distribution plans for State fiscal year 1982/83 should be incorporated in the plans for hospital library service under Chapter 718, which are expected to be due by April 1, 1982.

GUIDELINES FOR COUPON DISTRIBUTION

Coupons may be distributed to any library which has more than an occasional need for health information. Coupon allocation plans must take into account the needs of all health information users, but allocations may be used to provide incentives for participation in Reference and Research Library Resources Systems and local health library consortia. Allocations

should consider previous institutional use of the RML and/or the NYSILL systems for medical information, (data on use may be obtained from records of the Health Area Library, individual institutional loan or coupon purchase records, or other sources), as well as the following factors:

Type of Institution: Each area will have a range of institutions eligible for coupons. Institutions needing patient care information may be favored over non-patient care institutions. Non-profit institutions may receive a greater number of coupons than for-profit institutions.

Resource Sharing: Because the legislation was designed to promote the sharing of information, institutions showing evidence of active participation in a program of sharing through membership in a Reference and Research Library Resources System or a local health information consortia may be favored over those who request information but do not participate in any local system for sharing resources.

Institutional Support of Information Services: Because the sharing of information on the local level is essential to the success of the State's interlibrary loan system, adequate institutional library resources must be encouraged. It is appropriate to favor an institution having a library (an organized and cataloged collection or current materials; a professional librarian as regular staff or as a regular consultant to a non-professional acting as librarian; and a budget adequate for the normal informational demands of the institution). Institutions claiming insufficient funds to purchase needed information on their own should be helped, but continuing assistance should be based on an institutional commitment to adequate budgeting for information services.

Geographical Factors: Isolated institutions may be favored over those with easy access to libraries with strong health information collections.

An application form which may be used by institutions to request coupons from Reference and Research Library Resources Systems, is attached. This form, presently under consideration as a draft, may be required by the State Library in the second round of coupon distributions.

Enclosed also is a list of libraries in your region which have used the RML program in the past, additional information on current users may be obtained from Health Area Libraries.

Access Protocols: Access protocols should be agreed upon by the Reference and Research Library Resources system and Health Area Libraries. This agreement should be based in existing RML access protocols, taking into account the capacity and willingness of the Health Area Libraries to accept direct requests from non-patient care or medical-related institutions, and existing interlibrary loan and reciprocal borrowing arrangements. Coupons should not be used to replace existing reciprocal borrowing agreements.

Redistribution and Reporting: Reference and Research Library Resources Systems may want to establish procedures for quarterly or semi-annual review of institutional use of coupons, and provide for recall in order to redistribute unused coupons. Systems may also want to reserve some coupons for the occasional user or other centralized use, or for later distribution based on experience with use and need in the program.

Appendix C

NYSILL/RML Coupon Allocation Formula[2]

Implemented January 1983

During 1982 a Task Force representative of the hospital library community, the reference and research library resources systems, the Regional Medical Library Program, the Division of Library Development and the New York State Library developed the following weighted formula for the annual distribution of NYSILL/RML coupons to the reference and research library resources systems.

Coupon Allocation Formula
Weighted Institutional Count per Region

1. Hospitals — The number of hospitals taken from the latest Department of Health list of certified hospitals (weight: 2).

2. Teaching Hospitals — The number of teaching hospitals in each region, from a list supplied by the Regional Medical Library Program (weight: 1. The actual weight for each teaching hospital is 3, since these institutions already appear on the DOH list of hospitals).

3. Health-related and Other Institutions — The number of pharmaceutical firms, academic institutions with health-related programs, and similar organizations, from a list supplied by the Regional Medical Library Program; and member institutions of reference and research library systems (excluding hospitals and individual public libraries), taken from the latest edition of the *Directory of Library Systems* (weight: 1).

[2]This revised formula has been in use since 1983. The total number of coupons distributed each year from 1983 through 1989 has been 66,800 despite two increases in the cost of the coupons. (Note added July, 1989.)

Distribution of RML Coupons to Reference and Research Library Resources Systems Using Weighted Institutional Formula

System	Number of Coupons
Capital District Library Council	4,676
Central New York Library Resources Council	4,008
Long Island Library Resources Council, Inc.	8,016
METRO	22,044
North Country Reference and Research Resources Council	3,340
Rochester Regional Research Library Council	4,676
South Central Research Library Council	5,344
Southeastern New York Library Resources Council	5,344
Western New York Library Resources Council	9,352
	66,800

89-7459
CAD 89-573